

## GIC HCSA/DCAP APPEAL FORM

If you disagree with a denied claim or adverse decision regarding your HCSA or DCAP benefit (e.g. claim for reimbursement denial, eligibility for pre-tax benefits or election change), and you feel this denial was made in error you may file a formal appeal. Use this form to explain the situation and why you believe the claim should be paid. You will also need to submit all appropriate documentation with the completed appeal form including a copy of the FSA claim denial notice. All appeals must be submitted to ASIFlex within 180 calendar days by mail or fax. *Keep in mind that ASIFlex is required to administer the plan as described in the Plan Document, the GIC's Participant Handbook, and in compliance with Internal Revenue Service (IRS) regulations.* Your appeal will be reviewed and considered based on the information you provide. You will be notified of the appeal decision within approximately 7 business days of the receipt of your completed appeal form.

Print Your Name	
SS or ID Number	
Your Email Address	
Street Address	
City, State, Zip	
Your Employer Name	Commonwealth of Massachusetts Group Insurance Commission HCSA/DCAP Plan

Appeal Information Identify the claim you wish to appeal.						
Description of Claim						
Date of Service						
Dollar Amount						
Reason for Appeal After reviewing the GIC's plan and IRS regulations, describe below the reason you disagree with the original claim decision. If you need additional space, you may add a blank page to submit with this form.						
Signature		Date				